


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L97000001115 1. Entity Name TTWD LIMITED LIABILITY COMPANY	
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Principal Place of Business PO BOX 306 WESTON, MA 02493	Mailing Address PO BOX 306 WESTON, MA 02493
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0800588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, FRANCIS X
 625 NORTH FLAGLER DRIVE, 9TH FLOOR
 WEST PALM BEACH, FL 33401

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

U00000708291
 04/24/07-80105-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR KEEGAN, TRACY ANN 30 ADAMS LANE WAYLAND, MA 01778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR COKE, WENDY MARLOWE 41ASBURY STREET TOPSFIELD, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR SHOOLMAN, DIANA MAY 341 BEACON STREET, UNIT 6B BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: Wendy Coke Wendy Coke 4.9.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #